

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

686

1. PLACE OF DEATH

36

County Franklin
Township Union
City Catherine Fink (No. 296)

Registration District No. 296
Primary Registration District No. 5413

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. St. Ward
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 17 1855
7. AGE YEARS 76 MONTHS 3 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beaufort Mo.

13. NAME Daniel Schryler
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

15. MAIDEN NAME Mrs. Schryler
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

17. INFORMANT (ADDRESS) Conrad Fink

18. BURIAL, CREMATION, OR REMOVAL St. Johns Evangelist DATE Feb 2 1932

19. UNDERTAKER (ADDRESS) H. W. Meyer

20. FILED Feb. 3 1932 E. A. Stuberger Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 30, 1932
22. I HEREBY CERTIFY, That I attended deceased from Jan 26 1932 to Jan 30, 1932
I last saw him alive on Jan 28, 1932. Death is said to have occurred on the date stated above, at 2: P.M.
The principal cause of death and related causes of importance were as follows:

Lebor Pneumonia
Chronic Hypertension
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) H. W. Meyer M. D.
(Address) Beaufort Mo.

1932

